

PREFERRED PROVIDER APPLICATION

Purpose of this Application

The Department of Workforce Development is inviting service providers to submit applications to join the Milwaukee Wisconsin Works (W-2) Preferred Provider Registry for the delivery of W-2 contracted services in Milwaukee County during the 2006 - 2009 W-2 contract period.

W-2 Background

W-2 offers a combination of employment and training services, educational services, supportive services, case management and cash benefits to low-income parents with minor children who reside in Wisconsin. The Department has redesigned the service delivery structure of the Milwaukee W-2 program to improve community based services to participants, ensure greater fiscal accountability and promote workforce attachment, retention, career ladders and pathways to economic self-sufficiency. The Preferred Provider Registry is being developed as part of this new Milwaukee service delivery structure. Service providers interested in learning more about how the W-2 program will be operated in Milwaukee County beginning January 1, 2006, can refer to Part One, Section Two of the *Request for Proposal (RFP) to Administer Wisconsin Works and Related Programs*, available online at http://dwd.wisconsin.gov/dws/w2/rfp/2006-2009/pdf/part_1_section_2.pdf

Preferred Provider Registry Description

The Preferred Provider Registry is part of a broader Milwaukee W-2 and related human/social service strategy to:

1. Create more diversity amongst the providers in Milwaukee that serve W-2 participants;
2. Develop a continuum of services that support W-2 participant efforts to overcome barriers to employment;
3. Maximize efficient use of W-2 resources through the utilization of existing publicly-funded services; and
4. Build on the already existing Milwaukee County service delivery infrastructure where appropriate.

The Preferred Provider Registry will be used by Milwaukee W-2 Contract Agencies in conjunction with other publicly funded service providers to obtain services for participants of the W-2 program who have been identified as having significant barriers to employment. Services that will be included in the Registry are:

- Alcohol and Other Drug Abuse (AODA) Clinical Assessments, Treatment and Counseling;
- Mental Health Clinical Assessments, Treatment and Counseling;
- Learning Disability Clinical Assessments;
- Domestic Violence Services;
- Functional Capacity Evaluation; and
- Vocational Evaluations.

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Service Strategy

W-2 agencies will be expected to make appropriate referrals to other publicly-funded providers, such as Medicaid and BadgerCare, Milwaukee County funded services, and other state and federal grant funded services, whenever appropriate, while achieving the goal of helping participants successfully achieve workforce attachment in a timely manner.

When waiting lists for services not covered by participants' eligibility for health care services impede the ability of W-2 agencies to rapidly obtain a service for a participant, the W-2 agency will utilize the Preferred Provider Registry as a means to identifying fee-for-service providers.

Applicants who meet the criteria laid out in this application will be included in a publication from which W-2 Contract Agencies, in consultation with the participant, will select service providers. The W-2 Contract Agencies will enter into fee-for-service agreements with selected providers to provide needed services. The Department can not guarantee a specific volume of referrals for providers in the Preferred Provider Registry. Providing information about their services to W-2 agencies is the sole responsibility of the Provider.

To be selected for inclusion in the Preferred Provider Registry, applicants must:

- Demonstrate connections to the Milwaukee community;
- Describe the array of services to be provided;
- Demonstrate the ability to provide gender, age and culturally responsive services;
- Describe the qualifications of staff including appropriate licensures and certifications;
- Describe unique features that make their program/services exceptional; and
- Demonstrate that the provider agency is financially sound and has appropriate financial management procedures in place.

All applicants who meet the criteria laid out in this application will be included in the first publication of the W-2 Preferred Provider Registry. The Registry will be used by the Milwaukee W-2 Contract Agencies throughout the 2006-2009 W-2 Contract cycle, beginning January 1, 2006, and ending December 31, 2009. During the contract cycle, there will be periodic reviews of the Registry to evaluate participant and W-2 agency satisfaction with the providers. DWD will have open Registry enrollment periods at least annually through the contract cycle. These reviews will also determine removal of those providers from the Registry who are determined to be performing unsatisfactorily. The Department will establish a process to be used by providers who wish to appeal a decision made by the Department to remove the provider from the Registry.

Requirements of W-2 Preferred Providers

- 1. Insurance** – As a condition of approval, prospective preferred providers must provide proof of insurance in the types and limits set forth as follows:

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Certificate of Liability Insurance:

Provide evidence and maintain proof of financial responsibility to cover costs that may arise from claims of tort, statutes, and benefits under Workers' Compensation Laws and/or liability arising from employees. Such evidence shall include insurance coverage for:

- Workers' Compensation claims, as required by law, including Employers' Liability (exclusions from coverage: sole provider and independent contractors)
- General Liability
- Professional Liability as applicable (see chart below)

Note: Start-up companies may provide an Insurance Binder in lieu of a Certificate of Insurance as evidence of financial ability to comply with the below insurance requirements. If approved, the agency must furnish a Certificate of Insurance before approval in the Provider Network. On an individual provider basis, the W-2 agency may allow a provider to supply a certificate for a lower amount of insurance coverage.

Table 1

Type of Coverage	Minimum Limits
Wisconsin Workers' Compensation	Statutory
Employers' Liability	\$100,000/\$500,000/\$100,000
Commercial General Liability Bodily Injury & Property Damage (Includes Personal Injury, Fire, Legal Agreement & Products/ Completed Operations)	\$1,000,000 per occurrence \$1,000,000 – general aggregate
Professional Liability for Medicaid Eligible Services Hospital, Licensed Physician Healthcare provider under Wis. Stats. 655	\$1,000,000 per occurrence \$3,000,000 annual aggregate

- 2. State Licenses/Certifications** – For AODA and Mental Health services, providers must identify all Wisconsin HFS 75, HFS 63 and HFS 61 program certifications and include copies of all certifications with the application.

For other types of services, providers must identify all certifications, licensures and accreditations that qualify the provider to provide the service. The provider must make these available to DWD and W-2 Contract Agencies upon request for audit purposes.

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3. **Criminal Background Checks** – All agency staff must be in compliance with background checks and any other requirements of the Wisconsin State Caregivers Act.
4. **Referrals** – The Department of Workforce Development can not guarantee a specific volume of referrals for any provider in the Preferred Provider Registry. Providing information about their services to W-2 agencies is the sole responsibility of the Provider.
5. **Reporting and Billing to W-2 Agencies** – Upon request by a W-2 Contract Agency for services from a provider, a written agreement will be established between the two entities that covers, at a minimum the following:
 - An outline of the services to be provided and expected service outcomes;
 - A description of how the provider is to report back to the agency on participant progress and service outcomes; and
 - The process for billing the W-2 agency on a fee-for-service basis.

A release of information must be signed by the participant to allow the W-2 Contract Agency and the provider to communicate regarding the participant's service needs, participant progress and service outcomes.

6. **Auditing** – Participation in the Preferred Provider Registry constitutes the provider's approval to allow authorized representatives of the Department of Workforce Development to have access to all records necessary to confirm the provision of services and review expenditure of W-2 funding by the provider in accordance with audit procedures.
7. **Debarment** – Agencies that have been debarred by any court or governmental agency are not eligible to be part of the Registry.
8. **Confidentiality** – The provider agency and its staff must be aware of and maintain full compliance with all of the confidentiality requirements which apply to W-2 agencies and their subcontractors. These requirements may be found in the Request for Proposals for the 2006 - 2009 W-2 and Related Programs Contract.
9. **Nondiscrimination In Delivery Of Services**
Pursuant to Title VI of the Federal Civil Rights Act of 1964
No eligible client shall be denied any services enumerated in this agreement or be subjected to discrimination because of race, national origin, or color, under any program to which Title VI of the Civil Rights Act of 1964 applies.

**Pursuant to Section 504 of the Federal Rehabilitation Act of 1973
(Handicapped)**

No otherwise qualified handicapped individual shall solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving federal or county financial assistance.

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- 10. Civil Rights Compliance Plan** – Providers must be in compliance with the Department of Workforce Developments Civil Right Compliance plan requirements.
http://dwd.wisconsin.gov/dws/civil_rights/cr0406/cr_plans.htm

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Department of Workforce Development Division of Workforce Solutions Milwaukee W-2 Preferred Provider Registry APPLICATION INSTRUCTIONS

Application Process - Providers interested in being included on the Department of Workforce Development (DWD) Milwaukee W-2 Preferred Provider Registry must complete the attached application packet. Technical assistance will be available for applicants on the application process and DWD fiscal procedures.

Preferred Provider Application - All providers must complete the Preferred Provider Application Agency and Site Information forms.

Response Items - Response items included in the application must be completed as outlined below:

- Provider Profile: All providers must respond to this item.
- Alcohol and Other Drug Abuse Clinical Assessment, Treatment and Counseling: Providers of this service must respond to this item.
- Mental Health Clinic Assessment, Treatment and Counseling: Providers of this service must respond to this item.
- Learning Disability Clinical Assessments: Providers of this service must respond to this item.
- Domestic Violence Services: Providers of this service must respond to this item.
- Functional Capacity Evaluation: Providers of this service must respond to this item.
- Vocational Evaluation: Providers of this service must respond to this item.
- Business Assessment: All providers must respond to this item.

Signature

The application must be signed by the provider agency director or designee.

Attachments

Applicants must:

- Complete the attached Certification Statement – Background Checks on Employees of Agencies/Organizations having Reimbursable Agreements to Provide Direct Services to W-2 Participants
- Attach proof of insurance
- Attach all applicable program certifications/licenses

Application Submission - Applications must be received by Friday, September 2, 2005. Applicants must submit an original plus three (3) copies of the completed application.

Applications submitted by an agency become the property of DWD upon submission. For agencies selected to be part of the registry, the application material submitted is placed in an agency master file. Application material becomes public information and is subject to the open records law only after the application process is completed. Prior to 07/29/2005

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establishing the preferred provider registry, application material is considered "draft" and is not subject to the open records law. Applications that are not approved will be discarded.

All applications must be mailed to:

Heidi Hammes
DWD/DWS/BW-2
P.O. Box 7972
Madison, WI 53707-7972

For additional information regarding the RFA process, please contact Heidi Hammes at 608-267-0939

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Wisconsin Department of Workforce Development
Wisconsin Works Preferred Provider Network
2005 PROVIDER APPLICATION
Agency Information

Agency Name: _____

☐ Sole Provider ☐ Partnership ☐ Corporation ☐ Service Corp. ☐ Profit ☐ Non-Profit

When was your agency or organization established? (Month/Year) _____

Agency Director: _____

Address: _____

City: _____ State: _____ Zip _____

Telephone Number _____ Fax Number: _____

E-Mail Address: _____

****All agencies must have an established e-mail account --Please type-- or print plainly****

Billing Contact Name _____ Phone: _____

Mail payments to (if different from above): _____

City: _____ State: _____ Zip: _____

For Income Tax Purposes, Agency Providers please provide:

Federal Employer Tax ID Number: _____

State Employer Tax ID Number: _____

Is your agency Medicaid certified? ☐ Yes ☐ No

If yes, list Medicaid provider number and which HMO network for each certified program:

Certified Program	Provider Number	HMO Network

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MINORITY OR DISADVANTAGED VENDOR ☐ Yes ☐ No

(Check all that apply)

Minority Vendor

☐ At least 51% of the Board Directors are minorities

☐ Organization is owned and operated at least 51% minorities

Disadvantaged Vendor

☐ At least 51% of the Board of Directors are women

☐ Organization is owned and operated by at least 51% women

Please check any program certifications that your agency has. Please include copies of all such program certifications with the application.

- ☐ AODA Assessment, Treatment and Counseling;
- ☐ Mental Health Assessment, Treatment and Counseling;
- ☐ Learning Disability Assessment;
- ☐ Domestic Violence Services;
- ☐ Functional Capacity Evaluation; and
- ☐ Vocational Evaluation

FAITH-BASED ORGANIZATION: ☐ Yes ☐ No

If "Yes" please list Denominational Affiliation: _____

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Site Information

(If there is more than one site, please complete a separate page for each site)

Providers that offer services at more than one address should complete a separate site information sheet for each address at which services are provided. In addition, if hours of operation are not the same for different programs offered at the same address, please complete a separate "hours of operation" section for each program with different hours.

Site Name: _____

Address: _____ City/State/Zip: _____

Site Contact Person _____ Title: _____

Phone: _____ E-Mail: _____

Appointment Phone: _____ Fax: _____

FACILITY ACCESSIBILITY (check box if YES)

- ☐ Offers American Sign Language interpretation
- ☐ DD/TTY If yes, list number: _____
- ☐ Offers handicapped parking
- ☐ Is wheelchair accessible
- ☐ Has a location near public transportation

CHECK IF YOU PROVIDE:

- ☐ AODA Assessment, Treatment and Counseling
- ☐ Mental Health Assessment, Treatment and Counseling
- ☐ Learning Disability Assessment
- ☐ Functional Capacity Evaluation
- ☐ Programs for Men
- ☐ Programs for Men and Women
- ☐ Services for Families with Children (Childcare Provided)
- ☐ Services for Persons Involved in the Criminal Justice System
- ☐ Services for the Developmentally/Physically Disabled
- ☐ Services for Persons with Co-occurring Mental Health and Substance Use Disorders
- ☐ Does this site offer non-English language / cultural competence? If so, which languages? ☐ Spanish ☐ Hmong ☐ Other (List All): _____
- ☐ Domestic Violence Services
- ☐ Vocational Evaluation
- ☐ Programs for Women
- ☐ Services for Pregnant Women

Hours of Operation: ☐ for a specific program: _____
☐ for all programs at this site

Monday:		Tuesday:	
Wednesday:		Thursday:	
Friday:		Saturday:	
Sunday:		Emergency Contact 24 Hour Phone Number	

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Response Items

Provider Profile

Provide a description of your agency. Include the services provided, how your agency connects to the Milwaukee community, how your agency provides services that are gender, age and culturally responsive; and describe unique or unusual features that might be of interest to W-2 participants.

Alcohol and Other Drug Abuse Clinical Assessment, Treatment and Counseling

Identify all Wisconsin HFS 75 program certifications and include copies of all certifications with the application.

Program Description: Describe what services will be provided. Explain how those services will be delivered. Describe the process of assessing client needs, developing and updating treatment plans and other components of the treatment process. The description of the service delivery process should reflect knowledge of appropriate state certification (HFS 75). Explain what issues are addressed in individual counseling sessions. Provide a listing of the most common issues that group therapy focuses on. What are the special group topics commonly addressed i.e., gender or cultural issues, family relationships, etc.? What added services are provided to dual diagnosed clients?

Staff: Provide specific staff to client ratios or caseload per staff statistics. Complete the following chart identifying each position in the program, the qualifications and experience of staff who will be providing services in this program, including licenses and certifications when appropriate. Expand as necessary.

Staff Name	Position	Experience	Qualifications	Certs/Licenses

Mental Health Clinic Assessment, Treatment and Counseling

Identify all Wisconsin HFS 61 and 63 program certifications and include copies of all certifications with the application.

Program Description: Describe what services will be provided. Explain how those services will be delivered. Describe the process of assessing client needs, developing and updating treatment plans and other components of the treatment process. The description of the service delivery process should reflect knowledge of appropriate state certifications (HFS 61 and 63). Explain what issues are addressed in individual counseling sessions. Provide a listing of the most common issues that group therapy focuses on. What are the special group topics commonly addressed i.e. gender or cultural issues, family relationships, etc.? What added services are provided to dual diagnosed clients?

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Staff: Provide specific staff to client ratios or caseload per staff statistics. Complete the following chart identifying each position in the program, the qualifications and experience of staff who will be providing services in this program, including licenses and certifications when appropriate. Expand as necessary.

Staff Name	Position	Experience	Qualifications	Certs/Licenses

Learning Disability Clinical Assessments:

Program Description: Describe your process for administering learning disability assessments to determine individual levels of performance in the following domains: motor, sensory, cognitive, communication, and behavior. Provide a list of the assessment tools used. Describe how your agency uses the results of the assessment.

Staff: Complete the following chart identifying each position involved in Learning Disability Clinical Assessments, the qualifications and experience of staff who will be providing the service, including licenses and certifications when appropriate. Expand as necessary.

Staff Name	Position	Experience	Qualifications	Certs/Licenses

Domestic Violence Services:

Program Description: Describe what services are provided that build on the individual's strengths and address the individual's identified needs. Explain how those services are delivered.

Staff: Explain the qualifications and experience of staff who will be providing services in this program, including licenses and certifications when appropriate.

Functional Capacity Evaluation:

Program Description: Describe your process for assessing individual's physical capacities and functional abilities. Include a description of each component or service that is included in the FCE, including tools that are used. Describe how an evaluation plan is developed and how the results of the evaluation are presented.

Staff: Explain the qualifications and experience of staff who will be conducting the evaluations, including licenses and certifications when appropriate.

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Vocational Evaluation:

Program Description: Describe your process for evaluating an individual's vocational potential. Include a list of tools used in the vocational evaluation. Describe the report that is developed as a result of the vocational evaluation and how that report is used to assist the individual to develop a career plan and identify needed accommodations.

Staff: Explain the qualifications and experience of staff who will be providing services in this program, including licenses and certifications when appropriate.

Business Assessment:

All applicants must provide evidence that your agency is financially sound and demonstrate that there are financial management procedures in place.

Please address each question briefly. If a topic does not pertain to your type of business, please indicate so by writing "N/A" in your narrative.

Billing/Fiscal Record Keeping

Who is responsible for managing the books, doing your billing, doing your payroll? What type of background/training does this person have? How many years of experience do they have in this type of work? What type of billing monitoring system is being utilized, i.e. – Any special software program being utilized? Are the books kept manually?

Screening of Employees

Who will be responsible for screening/interviewing all individuals and assuring that background checks are completed and acceptable? Does the agency have a screening/interview tool/process in place? What will be the procedure for maintaining personnel files?

Licensure Requirements

Who will be responsible for assuring that all applicable individual licenses/certifications/diplomas (both professional licenses/certifications/diplomas and driver's licenses) and agency licenses/certifications are on file? Is there some type of tracking system set up to assure that the licenses/certifications that are on file are always current?

Clinical Documentation/Files (AODA and Mental Health Providers Only)

Who will provide ongoing monitoring of documentation/progress notes? What type of background/training does this person have which would enable them to sufficiently perform this job, i.e. – If you are reviewing/approving/monitoring clinical/professional documentation the person doing the monitoring/reviewing should have clinical experience and expertise in that area. Who will check that the reported employee service hours match with the times indicated on the progress notes/documentation? Comment on the maintenance of your client files/charts, i.e. – What do you include in the file? What type of filing system will you use? Where and how are files/charts stored?

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Training

Who will be responsible for any type of training that needs to occur? What qualifies this person(s) to do the training? How will you track who has attended what trainings and the number of hours that that person has accumulated in training time or continuing education credits?

Employee Supervision

Who will be responsible for disciplinary action/ monitoring the work performance of the employees? What mechanisms/policies/procedures are in place for this?

Signature

I agree that all information included in this application is true and correct and that I understand and agree to the application information and requirements. I further acknowledge that the information in this application is subject to periodic verification without notice and that any misrepresentation on this form may result in disqualification from participation in the Preferred Provider Registry, and legal action or fiscal sanctions may be taken as determined appropriate by DWD or its designated representative(s) in accordance with applicable law, policies.

Provider Authorized Signature: _____

Title: _____ Dated: _____

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Attachment

Certification Statement – Background Checks on Employees of Agencies/Organizations having Reimbursable Agreements to Provide Direct Services to W-2 Participants

CERTIFICATION STATEMENT RESOLUTION REGARDING BACKGROUND CHECKS

This is to certify that has: _____
(Name of Agency/Organization)

1. Has a written screening process in place to ensure background checks on criminal activity for current and prospective employees providing direct services to W-2 participants; and
2. Is in compliance with the provisions of the Wisconsin State Caregivers Act requiring background checks.

(Authorized Signature of Person Completing Form)

(Date)

(Title)